CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD ABUSE AND NEGLECT PROGRAM
SFN 433 (12-2017)

Clear Fields

Part I: Agency/Organization Information

Agency/Organization	Contact Person	Telephone Number	
Diocese of Bismarck -- (Parish/school, Town	Stephanie Hoesel	(701) 204-7213	
Address	City	State	ZIP Code
PO Box 1575	Bismarck	ND	58502-1575

Part II: Authorization for Release of Information (to be completed by the person giving consent/authorization)

☐ _____ (Initials) I give North Dakota Department of Human Services (NDDHS) permission to check the Child Abuse/ Neglect Information Index for my name.

☐ _____ (Initials) I further give permission to NDDHS and its authorized agents (county social service agencies) to release any child abuse and neglect assessment reports maintained by the authorized agent(s) to the above-named agency/organization. (**NOTE:** If this statement is not *checked* and *initialed*, and if county social service records contain any medical, drug, alcohol, or mental health information, an Authorization to Disclose Information Form (SFN 1059) will be required.)

This information is being requested for: (Check Only One)

☐ Employment with NDDHS ☐ Employment in a NDDHS licensed or contracted agency ☐ Childcare/In-home provider
☐ Adoption study ☐ Foster parent licensing ☒ Private agency employment/volunteer
☐ Other (List): _____

LAST Name	FIRST Name	FULL MIDDLE Name ☐ None	Social Security Number*	Date of Birth

Birth Name, Alias, or Other Married Names You Have Gone by in the Last Ten Years **OR** ☐ Check this box if you have no additional names

Current Physical Address	City	State	ZIP Code
Last North Dakota Address	City	State	ZIP Code
Signature		Date	

* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is voluntary and is requested for identification purposes. Failure to disclose this information may result in a delay in reporting results.

This authorization remains in effect for 60-days from the date of signature unless specifically revoked by written notice to the agency/ organization contact person. Any disclosure prior to a written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original.

Part III: Do Not Write Below - State Office Use Only

(NOTE: Results only include a search of the ND Child Abuse/Neglect Information Index. No tribal agency registry information is available through the state Index.)

☐ The above-named individual is not listed on the ND Child Abuse/Neglect Information Index.

☐ An assessment decision of Services Required was found on the ND Child Abuse/Neglect Information Index. For further details, please contact the County Social Service Office listed in the box below:

If there are any questions about this form, or if you feel the conclusion was reached in error, please contact the agency which performed the inquiry, or contact

Children and Family Services/CBCU
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505
(701) 328-2316
E-mail: dhscfscbc@nd.gov
Fax: (701) 328-0358

County	Telephone Number
Signature of Person Completing CA/N Information Index Inquiry	
Date	